



1300 First Avenue
Eau Claire, WI 54703
(715) 839-5032
(715) 839-1685 Fax
www.eauclairewi.gov

OFFICIALS APPLICATION

NAME _____ TELEPHONE (HOME) _____
STREET ADDRESS _____ TELEPHONE (WORK) _____
CITY, STATE, ZIP CODE _____ TELEPHONE (CELL) _____
E-MAIL ADDRESS (PRINT) _____

Please indicate each position in which you would like to work (please circle the day of week):

<input type="radio"/> BASKETBALL T (mens) Sa (youth)	<input type="radio"/> VOLLEYBALL M & TH (coed) W (women)	<input type="radio"/> HOCKEY M, T, W, TH, F, Sa, Su	<input type="radio"/> SOCCER T, TH	<input type="radio"/> SOFTBALL M, TU, W, TH
<input type="checkbox"/> Adult Official <input type="checkbox"/> Youth Official	<input type="checkbox"/> Head Official <input type="checkbox"/> Official	<input type="checkbox"/> Adult Official <input type="checkbox"/> Youth Official	<input type="checkbox"/> Ages 6-7 <input type="checkbox"/> Ages 8-9 <input type="checkbox"/> Ages 10-11 <input type="checkbox"/> Ages 12-15	<input type="checkbox"/> Fastpitch <input type="checkbox"/> Slowpitch

AVAILABILITY

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

OF GAMES PER WEEK _____ SPECIAL REQUESTS _____

DAYS NOT AVAILABLE (please list) _____

EXPERIENCE - TRAINING

Certification Level _____ # Of Officiating Years _____

Clinics Attended (include dates) _____

Levels of Officiating (Experience) ☐ Youth Recreation ☐ Middle School ☐ Junior Varsity ☐ Varsity
☐ Collegiate ☐ Adult Recreation ☐ Tournament

I certify that all answers to questions on this application are true, and I agree that my misstatements or omissions of material fact will cause forfeiture on my part of all rights to any employment in the City services.

Applicant Signature _____

Date _____